



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

MEMORANDUM

TO: Certified Driver Education Instructor

FROM: Driver Programs Division, Driver Education Section and
Business Licensing and Regulation Division, Business Licensing Section

SUBJECT: CHANGE OF MAILING ADDRESS

Your address in our records must match the address on your driver's license. If you have not done so already, please have an address correction made at a Secretary of State branch office. Then, complete the following information and send it to us as indicated below:

| | |
|------------------------------|-----------------------|
| Instructor Number N _____ | Instructor Name |
| Current Street Address | City, State, ZIP Code |
| Signature (required) | |

If you have any questions, please contact the Business Licensing Section at (888) 767-6424.

This form may be returned by fax to (517) 335-2810, or by mail to this address:

Michigan Department of State
Business Licensing and Regulation Division
Business Licensing Section
Lansing, MI 48918

12/2013